

Effective October 1, 2000

Application or Docket Number

7451-0034-00

CLAIMS AS FILED - PART I							9	SMALL ENTITY		•	OTHER	THAN
			(Column 1)		(Column 2)		٦	TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS			20					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			20 minus 20=		• \$			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		- 2			X40=		OR	X80=	-1.60
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	7.0
* If the difference in column 1 is less than zero, enter "0" in co						olumn 2	l	TOTAL		OR	TOTAL	270
CLAIMS AS AMENDED - PART II							101/12	, , , , , , , , , , , , , , , , , , ,	011	OTHER	THAN	
		(Column 1)	(Colum		mn 2)	nn 2) (Column 3)		SMALL ENTITY		OR_	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		]=	l	X40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		۱ ۱	+135=		OR	+270=	·
							ı	TOTAL		OR	TOTAL	
			ADDIT. FEE		JO: 1	ADDIT. FEE						
	a see a see a see a see a see	(Column 1) CLAIMS			imn 2) HEST	(Column 3)	, ,					
AMENDMENT B		REMAINING AFTER AMENDMENT		NUA PREVI	MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9≐		OR	X\$18=	
	Independent	*	Minus	***		=		X40=	-	OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
								+135=		OR	+270=	
							•	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Caluman 1)		(Calı	ımn 2)	(Column 3)		ADDII. I EE		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
_		(Column 1) CLAIMS			HEST	(Column 3)	۱,		4001	l		455
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	MBER TOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=		X\$ 9=		OR	X\$18=	ì
	Independent	*	Minus	***		=		X40=		OR	X80=	<u> </u>
	FIRST PRESE	IT CLAIM		]					<u> </u>			
+135=										OR	+270=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
	The "Highest Nun	nber Previously P	aid For" (Total o	r Indepen	dent) is th	e highest numb	er fo	und in the ap	propriate bo	x in co	olumn 1.	